1319072

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

005 Washington, D.C. 20549

05045486

FORM D

hours per response... 10

	SEC USE ONLY						
NOTICE OF SALE OF SECURITIES	Prefix	Serial					
PURSUANT TO REGULATION D,							
SECTION 4(6), AND/OR	DATE REC	EIVED					
UNIFORM LIMITED OFFERING EXEMPTION							

Name of Offering (chec	ok if this is an amend	tment and nam	n has shanged	L and indicate char	ngo)	
Note and Common S			_	i, and mulcate chai	nge.)	
Filing Under (Check bo			-		· · · · · · · · · · · · · · · · · · ·	
	[] Rule 504	[] Rule 505	[X] Rule 500	6 [] Section 4(6)	[] ULOE	
Type of Filing: [X] Ne	w Filing [] Amendr	ment			PROCECCE	
	A. BAS	IC IDENTIFICA	TION DATA		2.0.000	
1. Enter the information	requested about th	e issuer			FEB Z 8 2005	
Name of Issuer (check	if this is an amendm	nent and name	has changed,	and indicate chang	e.) THOMSON	
Oasis Corporation					FINANCIAL	
Address of Executive C	Offices (Number and	Street, City, St	ate, Zip Code)	Telephone Number	er (Including	
Area Code)	نا در دارسالی ک	- 42012 <i>(6</i> 14)	061 1250			
265 N. Hamilton Roa				a Zia Cada\ Talas	shama Nivesham	
Address of Principal Bu (Including Area Code)				e, Zip Code) Telep	onone Number	
(including Area code)	(II dill'elelle ll'oli) Ex	Codive Offices	,			
Brief Description of Bus	siness					
Designer and Manu		r dispensers	and filtratior	products		
Type of Business Orga						
[[x] corporation	[] limited partr	nership, already	formed]	other (please spec	cify):	
[] business trust	[] limited partr	nership, to be fo	rmed	imited Liability Cor	mpany	
		Mon	th Year			
Actual or Estimated Date of Incorporation or Organization: [1] [1] [4][6] [X] Actual [] Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction) [O] [F						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[]	Promoter	[X] Beneficial Owner		Executive Officer	[X]	Director []	General and/or Managing Partner
Full Name (Last name Burrows, Bruce	e first,	if individual)	_				
Business or Residence 265 N. Hamilton Ro		,	•	City, S	State, Zip Coo	ie)		
Check Box(es) that Apply:	[]	Promoter	[X] Beneficial Owner	[X]	Executive Officer	[X]	Director []	General and/or Managing Partner
Full Name (Last name	e first,	if individual)	_			-	
Benua, Peter								
Business or Residence 265 N. Hamilton Ro		•		City, 8	State, Zip Coo	de)		
Check Box(es) that Apply:	[]	Promoter	[X] Beneficial Owner	[X]	Executive Officer	[X]	Director []	General and/or Managing Partner
Full Name (Last name	e first,	if individual)					
Salamone, Anthony								
Business or Residence	e Add	ress (Numb	er and Street,	City, S	State, Zip Coo	le)		
265 N. Hamilton Ro	oad, C	Columbus, (Ohio 43213					
Check Box(es) that Apply:	[]	Promoter	[] Beneficial Owner	[X]	Executive Officer	0	Director []	General and/or Managing Partner

Full Name (Last name Jeff Scheinrock	first,	if individual)							
Business or Residence 265 N. Hamilton Ro		•		City,	State, Zip Cod	e)			
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	0	Director	[]	General and/or Managing Partner
Full Name (Last name Business or Residence			r and Street,	City, \$	State, Zip Cod	e)			
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	0	Director	[]	General and/or Managing Partner
Full Name (Last name	first,	if individual)							
Business or Residence	e Ado	Iress (Number	r and Street,	City, \$	State, Zip Cod	e)			
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	ם	Director	[]	General and/or Managing Partne
Full Name (Last name	first,	if individual)							
Business or Residenc	e Add	lress (Number	r and Street,	City,	State, Zip Cod	e)			
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer		Director	[]	General and/or Managing Partner
Full Name (Last name	first,	if individual)							
Business or Residence	e Add	lress (Number	r and Street,	City,	State, Zip Cod	e)			
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name	first,	if individual)							
Business or Residence	e Ado	iress (Number	r and Street,	City, S	State, Zip Cod	e)			
(Use blank	sheet	, or copy and	d use addition	onal c	opies of this	sheet,	as nece	ssa	ry.)
	and the state of t	B. INFO	RMATION A	BOU'	T OFFERING				
1. Has the issuer sold offering?								Yes []	s No [x]
2. What is the minimulindividual?	m inv				2, if filing und m any	er UL(JE.	\$ <u>4</u>	,010,000
3. Does the offering pe		joint ownershi	p of a single	unit?.	•••••••			Yes	s No [x]

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

[] All States

[ID]

[MO]

[PA] [PR]

[HI]

[MS]

[OR]

[WY]

Full Name (Last name first, if individual)

[AZ]

[A]

[NV]

[SD]

[AK]

[IN]

[NE]

[SC]

[AL]

[IL]

[TM]

[RI]

(Check "All States" or check individual States)

[AR]

[KS]

[HM]

[TN]

Business or Residence Address (Number and Street, City, State, Zip Code)

[CA]

[KY]

[NJ]

[XT]

[CO]

[LA]

[MM]

[UT]

[CT]

[ME]

[NY]

[VT]

[DC]

[MA]

[ND]

[WA]

[DE]

[MD]

[NC]

[VA]

[FL]

[MI]

[HO]

[WV]

[GA]

[MN]

[OK]

[WI]

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] [AK] [AZ] [AR] [CA] [CO] [DE] [DC] [FL] [GA] [HI] [CT] [D] [IL] [IN] [Al] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SD] [TN] [XX][UT] [VA] [AW] [WV]MII [WY] [PR] [SC]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States [AL] [AK] [AZ] [AR] [CA] [CO] [DE] [FL] [GA] [HI] [CT] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [XT] [WI] [PR] [SC] [SD] [TN] [UT] [VA] [WA] [WV] [WY]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
DebtSenior Subordinated Notes	04 000 000	# 4.000.000
Equity *Class A and Class B Common Stock, no par value	\$4,000,000 \$ 10,000	\$4,000,000 \$ 10,000
Convertible Securities (including warrants)	<u>\$</u> \$	\$ \$
Other (Specify). Total	<u>\$</u> \$4,010,000	<u>\$</u> \$4,010,000
Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under $Rule\ 504$, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	I	Annual
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$ 4,010,000 \$ \$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under $Rule\ 504$ or 505 , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$ \$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distributed securities in this offering. Exclude amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of an is not known, furnish an estimate and check the box to the left of the estimate.	of the issuer.	
Transfer Agent's Fees	[] \$	<u> </u>
Printing and Engraving Costs		
Legal Fees	[X] §	500,000
Accounting Fees	[] \$	S
Engineering Fees	rı (2

Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total	<u> </u>				[X] \$ [] \$ [X] \$	500,000
b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response is the "adjusted gross proceeds to the issuer."	to Part C -				\$	3 <u>,510,000</u>
5. Indicate below the amount of the adjusted gross proproposed to be used for each of the purposes show purpose is not known, furnish an estimate and check estimate. The total of the payments listed must equal proceeds to the issuer set forth in response to Part C	vn. If the a the box to I the adjust	mount the left ed gro	t for any t of the ss			
			Payments to Officers, Directors, & Affiliates		Payr To Othe	nents ers
Salaries and fees	••••••	[]	\$	[]	\$	
Purchase of real estate		[]	\$	[]	\$	
Purchase, rental or leasing and installation of magain and equipment		[]	\$	[]	\$	
Construction or leasing of plant buildings and faci	ilities	[]	\$	[]	\$	
Acquisition of other businesses (including the value securities involved in this offering that may be exchange for the assets or securities of another pursuant to a merger)	used in er issuer	[]	\$	[]	\$	
Repayment of indebtedness		[]	\$	[]	\$	
Working capital		[]	\$	[X]	\$:	3,510,000
Other (specify)		[]	\$	[]	\$	
Column Totals Total Payments Listed (column totals added)		[]	\$			3,510,000
D. FEDERAL	SIGNATUI	RE				
The issuer has duly caused this notice to be signed be notice is filed under Rule 505, the following signature to the U.S. Securities and Exchange Commission, up furnished by the issuer to any non-accredited investor	y the unde constitute on written	rsigne s an u eques	ndertaking by the	issuer nformat	to fur ion	
	Signature	1	19 apri (b)(2) 0. 1.	Date		
Oasis Corporation		3/5	love_		-	
Name of Signer (Print or Type) Peter L. Benua	Title of Sig President	•	rint or Type)	···		
ATTEN Intentional misstatements or omissions of fact	constitut	e fede	ral criminal viola	ations.	(See	18
U.S.C.	1001.)		<u></u>			

E. STATE SIGNATURE			
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes []	No I	[X]
provisions of such rule?	• •	,	

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

See Appendix, Column 5, for state response.

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Oasis Corporation	Signature Menn	Date
Name of Signer (Print or Type) Peter L. Benua	Title of Signer (Print or Type) President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3			4					5
					Disqualification under State				
	Type of security							ULOE (if yes, attach	
	Intend to s		and aggregate offering price	Type of inve	estor and				ation of
	investors		offered in state	amount pur		State			granted)
	(Part B-Ite	em 1)	(Part C-Item 1)	(Part C-Item	າ 2)			(Part E	-Item 1)
State	Yes	No	Senior Subordinated Notes and shares of Common Class A and Class B stock	Accredited	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		-		1177501010	, arrount			-	-
AK							<u> </u>		
AZ							<u> </u>		
AR									
CA		X	Senior Subordinated Notes and shares of Common Class A and Class B stock	1	\$4,010,000	0	0		Х
СО									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									ļļ
LA						<u></u>			
ME									
MD						ļ			ļļ
MA									
MI									-
MN		-					ļ	<u> </u>	-
MS		<u></u>			<u> </u>	<u></u>	l		<u></u>

1	2 3				5 Disqualification under State					
			Type of security							
1	Intend to s		and aggregate offering price	Type of inve	estor and			(if yes, attach explanation of		
	investors		offered in state	amount pur	chased in S	State			granted)	
	(Part B-Ite	em 1)	(Part C-Item 1)	(Part C-Item	າ 2)	1		(Part E	-Item 1)	
			Senior Subordinated							
			Notes and shares			Number of				
			of Common Class			Non-				
State	Yes	No	II.	Accredited Investors	Amount	Accredited Investors	Amount	Yes	No	
MO										
MT										
NE										
NV						,				
NH										
NJ										
NM										
NY										
NC										
ND										
OH								ļ		
OK OR		<u> </u>					-			
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										
WY										
PR										